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**FEE & TRANSMITTAL FORM**

Application No.	10/596,754	Examiner Name	Smith, Chaim A
Filing Date	08/20/2008	Group Art Unit	1782
First Named Inventor	Clarke	Attorney Docket No.	14753-1 PCT US

This Transmittal Sheet is accompanied by a Reply to the Office Action having a notification date of 05/02/2011.

**Fee Calculations (Applicant is a small entity)**

**It Is Believed That No Fee Is Due**

**(1) Extra claim fees**

Claims	No. after Amendment	No. Previously Paid For	No. Extra (b)	Applicable Fee	Fee Paid
Total	20	- 20	0		
Independent	2	3	0		
Subtotal (2) Extra claim fees					(\$)

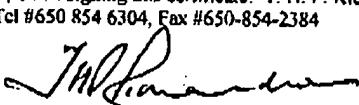
**(2) Other fees**

	Fee Paid
Extension	

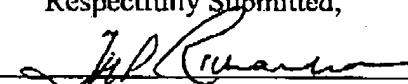
**Total Fees**

Total Fees Submitted [Sum of Subtotals (1) and (2)]	
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**Authorization to Charge Deposit Account for Fees** The Commissioner for Patents is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, and credit any overpayments to, Deposit Account Number 50-5304 (Account Name: THP Richardson)

<b>CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8</b>	
<p>I hereby certify that this paper is being sent by facsimile transmission to the United States Patent and Trademark Office (371-273-8300) on June 1, 2011</p> <p>Typed name of person signing this certificate: T. H. P. Richardson, Reg #28,805, Tel #650 854 6304, Fax #650-854-2384</p> <p>Signature</p> 	

Respectfully Submitted,

  
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